MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 62-023819											
DEPA	RTMENT O		Registration District No								
ON THIS STUB	AMENDE	D	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Reside	hafara							
VS 300 Rev. 4/59	ED		a. COUNTY LINCOLN a. STATE MD. b. COUNTY LINCOLN ac	dmission)							
Rev. 4/ 37	AMENDED		l OR →	side Limits							
20570	DATE A	3	HOSPITAL OR	ide on Farm							
3	'	+	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year							
4 0			(Type or print) JOEL VERTRES CRENSHAW DEATH JUNE 19, 1962								
5 /				UNDER 24 HR							
6	ş III		10a. USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT dusing most of working life, even if retired) **ELP** **FOLEY** **NO.** **OF BUSINESS OR INDUSTRY* 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT DUSINESS OR INDUSTRY 13. BIRTHPLACE (City and state or country) 14. CITIZEN OF WHAT DUSINESS OR INDUSTRY 14. BIRTHPLACE (City and state or country) 15. CITIZEN OF WHAT DUSINESS OR INDUSTRY 15. BIRTHPLACE (City and state or country) 16. CITIZEN OF WHAT DUSINESS OR INDUSTRY 16. BIRTHPLACE (City and state or country) 17. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 18. CITIZEN OF WHAT DUSINESS OR INDUSTRY 11. BIRTHPLACE (CITY AND STATE DUSINESS OR INDUSTRY 11. BIRTHPLACE (CITY AND STATE DUSINESS OR INDUSTRY 11. BIRTHPLACE	T COUNTRY							
7 0			136. FATHER'S NAME 136. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE WM NELSON CREASHAW ELIZABETH VERTREES Jessie (MS Hagh)								
1871	2		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address								
94200	<u> </u>		NO DIE POLEY, MO.	AL BETWEEN							
10	장 년 정 년	CUMEN	IMMEDIATE CAUSE (a) CORONARY OCCUSION 12	AND DEATH							
*11 (וווייוכ)noc									
1290-0	NSTEAD	Õ	Conditions, if any, which gave rise to above cause (a), stating the under-	DARS							
$\frac{13}{-0}$	z l		lying cause last. J DUE TO (c)	female wa							
			disease condition given in PART I (a) there a pregnancy in	n last 90 days							
	AMENDMEN		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of ite	Unknow em 18.)							
_	S	1	O YES NO ST								
¥ Ö	₹		ZOC. TIME OF Houl Month, Day, Year INJURY a.m.								
BLACK INK OR RITER RIBBON		ادا	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY while AT WORK 4arm, factory, street, office bldg., etc.)	STATE							
E S A	READ	*		6 Z							
E BI			Death occurred at 10 40 P m on the date stated above, and to the best of my knowledge, from the causes	stated.							
USE BLACK OR IYPEWRITER I	SHOULD	TOF	22a. SIGNATURE (Degree or title) 22b. ADDRESS ELSBERRY, MO Co.	DATE SIGNE							
		AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATION (City, town, or county) ((State)							
	EW NO	AFFI	24 FUNERAL DIRECTOR ADDRESS . 1 25. DATE RECD. BY LOCAL REG. 1 26. REG/STRAR'S SIGNATURE// /	7 /							
		β¥	O.C. RICKS ELSBERRY, Mo. 6-21-1962 Charlotte to	reke							
			(Licensed Embalmer's Statement on Reverse Side)								

- 1063 T 1963 · ·

STATEMENT BY LICENSED EMBALMER

or by						, Student Embalmer No					
working under my personal supervision: Student Signature of Student Embalmer						Signed Halinker				a L	
						Si		Yes		10.2	
:	.•	,	. •	•	, ,	,		Licensed Er	mbalmer No	4012 BERRY, Mo	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.

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